



FIRE PROTECTION BUREAU

Certification Exam Registration Form

Important: To ensure prompt delivery of examination materials and coordination of proctors, allow 30 days from date of request to examination date. Use this form to register certification exams. Keep a copy of this form for your information. If changes occur after submitting this form, please contact your Regional Deputy State Fire Marshal or Fire Standards and Accreditation Section in Olympia at (360) 753-0433. Submit the form to WSP Fire Protection Bureau, PO Box 42600, Olympia WA, or Fax to (360) 570-3136.

Certification Exam Level: _____ No. of Students: _____

Exam Location: _____ Phone: _____

Contact Person and Phone Number: _____

Mail test materials to: *Proctor's Name:* _____ *Address(Do not use PO Box):* _____

Written Exam Date: _____ Time: _____

Practical Exam Date: _____ Time: _____

Note: The fire chief or designee must verify that the test site and equipment meet the required NFPA safety standards. Contact our office if you need a planning packet.

Fire Chief or Designee Signature

Is this a re-test? _____ Previous test date
and location: _____

Instructor Name: _____ Phone: _____

Instructor Name: _____ Phone: _____

Certified Third Party Evaluators:
(minimum of 2 for Instructor Exams, 4 for Firefighter Exams)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Test Control Officer: _____

Phone: _____

Sr. Evaluator: _____

Phone: _____

Test Proctor: _____

Phone: _____